



## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled USING CHEST VELOCITY TO PROCESS PHYSIOLOGICAL SIGNALS TO REMOVE CHEST COMPRESSION ARTIFACTS, the specification of which:

is attached hereto.  
 was filed on February 24, 2004 as Application Serial No. 10/786,359 and was amended on \_\_\_\_\_  
 was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
10/704,366	11/06/03	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: G. Roger Lee, Reg. No. 28,963.

Direct all telephone calls to G. ROGER LEE at telephone number (617) 542-5070.

**Direct all correspondence to the following:**

**26161**  
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

**Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

Full Name of Inventor: GARY A. FREEMAN

Inventor's Signature: Gary A. Freeman

Date:

3/18/04

Residence Address: Newton Center, MA

US

Citizenship:

Post Office Address: 47 Stearns Street  
Newton Center, MA 02159

Full Name of Inventor: QING TAN

Inventor's Signature: Cy Tan

Date:

3/18/04

Residence Address: Somerville, MA

People's Republic of China

Citizenship:

Post Office Address: 354 Highland Ave Apt# 1  
Somerville, MA 02144

Full Name of Inventor: FREDERICK GEHEB

Inventor's Signature: Frederick J. Geheb

Date:

3/18/04

Residence Address: Danvers, MA

USA

Citizenship:

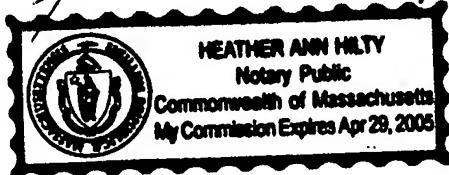
Post Office Address: 18 Carolyn Drive  
Danvers, MA 01923

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Essex, SS

3-18-2004

Heather Ann Hiltz



**MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT**

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Essex

} ss.

On this the 18 day of March, 2004, before me,

Day

Month

Year

Heather Ann Hiltz

Name of Notary Public

personally appeared Gary A. Freeman

Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

personally Known

Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(.)

 as partner(s) for \_\_\_\_\_

Name of Partnership

, a partnership.

 as Vice President, Clinical Affairs for

Title of Office

ZOE Medical, a corporation.

Name of Corporation

 as attorney in fact for \_\_\_\_\_

Name of Principal Signer

, the principal.

 as \_\_\_\_\_ for \_\_\_\_\_

Type of Capacity

\_\_\_\_\_, a/the \_\_\_\_\_

Name of Person/Entity

Type of Entity

Heather Ann Hiltz

Signature of Notary Public

Printed Name of Notary

April 29, 2005

Place Notary Seal and/or Any Stamp Above

**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Right Thumbprint of Signer**

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**Description of Attached Document**Title or Type of Document: Declaration + Power of AttorneyDocument Date: 2-24-04 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

**MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT**

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of

Essex

} ss.

On this the 18<sup>th</sup> day of March, 2004, before me,

Day

Month

Year

\_\_\_\_\_, the undersigned Notary Public,

Name of Notary Public

personally appeared Quing Tan

Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

Personally Known

Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(.)

 as partner(s) for \_\_\_\_\_

Name of Partnership

, a partnership.

 as Biomedical Engineer for

Title of Office

Zoll Medical Corp, a corporation.

Name of Corporation

 as attorney in fact for \_\_\_\_\_

Name of Principal Signer

, the principal.

 as \_\_\_\_\_ for \_\_\_\_\_

Type of Capacity

\_\_\_\_\_, a/the \_\_\_\_\_

Name of Person/Entity Type of Entity

Heather Ann Hiltz  
Signature of Notary PublicHeather Ann Hiltz  
Printed Name of Notary

Place Notary Seal and/or Any Stamp Above

My Commission Expires

April 24, 2005**OPTIONAL**

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of Signer

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**MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT**

Gov. Exec. Ord. #455 (03-13), §5(d)

Commonwealth of Massachusetts

County of Essex

} ss.

On this the 18<sup>th</sup> day of March, 2004, before me,Heather Ann Hiltz

Name of Notary Public

Day Month Year

, the undersigned Notary Public,

personally appeared Frederick Geheb

Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were

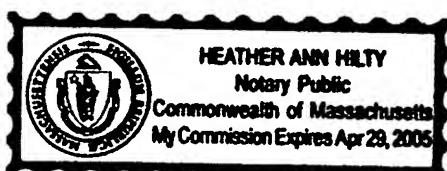
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 as partner(s) for \_\_\_\_\_  
Name of Partnership

, a partnership.

 as Director, Advanced Dev. for  
Title of OfficeZoll Medical, a corporation.  
Name of Corporation as attorney in fact for \_\_\_\_\_  
Name of Principal Signer  
, the principal. as \_\_\_\_\_ for \_\_\_\_\_  
Type of CapacityName of Person/Entity \_\_\_\_\_, a/the \_\_\_\_\_  
Type of EntityHeather Ann Hiltz  
Signature of Notary Public  
Heather Ann Hiltz  
Printed Name of NotaryMy Commission Expires April 29, 2005

Place Notary Seal and/or Any Stamp Above

**OPTIONAL**

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